

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	FILING DATE	
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			
	IND	DEP	IND	DEP	IND	DEP		
1	/						51	
2		/					52	
3							53	
4							54	
5							55	
6							56	
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42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	/						TOTAL IND.	
TOTAL DEP.	9	↔		↔		↔	TOTAL DEP.	
TOTAL CLAIMS	10	████	████	████	████	████	TOTAL CLAIMS	